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CONFIRMATION NO. 3195

<b>SERIAL NUMBER</b> 10/709,196	<b>FILING OR 371(c) DATE</b> 04/20/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> BC-0234-US04
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/803,304 03/09/2001 PAT 6,730,055 which claims benefit of 60/188,133 03/09/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/24/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 54	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

24994

## TITLE

Extra-corporeal Blood Processing Method and Apparatus Based on Donor Characteristics

<b>FILING FEE RECEIVED</b> 1188	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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